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CONFIRMATION NO. 1677

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## APPLICANTS

Robert A. Davis, Cottage Grove, MN;

Matthew T. Scholz, Woodbury, MN;

Mark V. Johnson, Afton, MN; Triet M. Lu, Woodbury, MN;

Robert A. Asmus, Hudson, WI;

John D. Dell, St. Paul, MN;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/263,518 10/03/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/20/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	<i>MH 3-31</i> SHEETS	<i>MH 3-31</i> TOTAL	<i>MH 3-31</i> INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		DRAWING 4	CLAIMS 75	CLAIMS 8
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

32692

3M INNOVATIVE PROPERTIES COMPANY

PO BOX 33427

ST. PAUL, MN

55133-3427

## TITLE

Skin antiseptic composition dispenser and methods of use

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of
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